APPLICATION TO OBTAIN LOGON PASSWORD AND AUTHORIZATION OF VENDOR OR SERVICE PROVIDER

(circle one)

I, the undersigned, am on record with the Secretary of State as the lobbyist; responsible officer of the lobbying firm; responsible officer, attorney or certified public accountant who acts as an agent for the entity or organization listed below:

(Insert full name of lobbyist, lobbying firm, lobbyist employer or lobbying coalition) and am entitled to file lobbying disclosure reports on behalf of said lobbyist, lobbying firm, lobbyist employer or lobbying coalition. In order to file my required reports electronically, I hereby apply for issuance of an electronic password and user identification number. Furthermore, I intend for my vendor or service provider to submit my reports electronically on my behalf. I hereby authorize (Insert full name of vendor/provider) to obtain my electronic filing password and identification number in order to timely file my lobbing reports. Subscribed and sworn this __ day of _____, ____. (Signature)

(Printed name of signer)

PLEASE FAX THIS APPLICATION TO (916) 653-5045.

^{*}This form may also be used by persons spending \$5,000 or more to influence legislative or administrative action. Enter the name of the person spending \$5,000 or more in the lobbying name section, and leave the identification number blank. The Secretary of State will assign a number to you to use in filing electronically.